2003-0844.02

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR

Attorney Docket Number

DESIGN	First Name	d Inventor	s B. Clarke			
PATENT APPLICATION		COMPLETE II				
(37 CFR 1.63)	Application	Number				
_ ′						
X Declaration Declaration Submitted at	Filing Date					
Submitted OR Submitted at With Initial Filing (surch	I ARTIDIT					
Filing (37 ČFR 1.1 required)	6 (e)) Examiner 1	Name	<del></del>			
Tequired)	CHECK CONTROL OF STREET, CANADA STRE	A CONTRACTOR OF THE PROPERTY O	The same of the sa			
I hereby declare that:						
_		•				
Each inventor's residence, mailing address, and o	citizenship are as stated be	elow next to their name				
I believe the inventor(s) named below to be the o	riginal and first inventor(s)	of the subject matter v	vhich is claimed and for			
which a patent is sought on the invention entitled:						
Algorithms And Methods For Determi	_		tion Errors From Data			
	Stored On A Printhe	ad				
			•			
U constituent de la	(Title of the Invention)					
the specification of which						
X is attached hereto						
OR						
was filed on (MM/DD/YYYY)	as Uni	ited States Application	Number or PCT International			
Application Number	od was smandad an (NANA)	DD00000	(if applicable)			
	d was amended on (MM/I		(if applicable).			
I hereby state that I have reviewed and understar amended by any amendment specifically referred		ve identified specification	on, including the claims, as			
amended by any amendment specifically referred	to above.					
I acknowledge the duty to disclose information						
continuation-in-part applications, material inform and the national or PCT international filing date of			date of the prior application			
I hereby claim foreign priority benefits under 35			ign application(s) for patent.			
inventor's or plant breeder's rights certificate(s),	or 365(a) of any PCT into	ernational application w	hich designated at least one			
country other than the United States of America,						
application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.						
Prior Foreign Application	Foreign Filing Date	Priority	Certified Copy Attached?			
Number(s) Country	(MM/DD/YYYY)	Not Claimed	Yes No			

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

PTO/SB/01 (08-03)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

### **DECLARATION** — Utility or Design Patent Application

				-	ACRONOLOGICA ARIA PIRE PRINCIPA			
Direct all correspondence to:	X Customer Numb	per: 2	1972		OR _	Corres	pondence address below	
Name								
Address								
City		<del>.</del>	State				ZIP	
Oity			Otato				2	
Country	Telep	hone			Fax	<u>.</u>	L	
,								
I hereby declare that all statem and belief are believed to be tru and the like so made are pur statements may jeopardize the	ue; and further that the hishable by fine or im	se statements prisonment,	were or both	made v , unde	vith the knov r 18 U.S.C.	vledge th	at willful false statements	
NAME OF SOLE OR FIRST IN	IVENTOR:		etition	has be	en filed for t	his unsig	ned inventor	
Given Name		<u> </u>		F	amily Name			
(first and middle [if any]) Cyru	s B.			OI	Surname	Clarke		
Inventor's Signature	· Clarke						Date 3/24/04	
Residence: City	State		Coun	Country Citi		Citize	nship	
Lexington	KY						U.S.	
Mailing Address 4765 Agape Dr.								
City	State			ZIP			Country	
Lexington	KY	<u> </u>		40514			U.S.A.	
NAME OF SECOND INVENTO	R:			A pe	tition has be	en filed	for this unsigned inventor	
Given Name					mily Name			
(first and middle [if any]) Thon	nas A.			or Surname Fields				
Inventor's Signature Thomas	A. Fields						Date 3/24/2004	
Residence: City	State		Coun	Country		Citize	Citizenship	
Winchester KY			U.S.			U.S.		
Mailing Address 149 Teal Lane								
City	State			ZIP		Count	try	
Winchester	KY	•		4	0391		U.S.A.	
Additional inventors or a legal representative are being named on thesupplemental sheet(s) PTO/SB/02A or 02LR attached hereto.								

Approved for use through 07/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

ADDITIONAL INVENTOR(S)

#### **DECLARATION** Supplemental Sheet Page of A petition has been filed for this unsigned inventor Name of Additional Joint Inventor, if any: Family Name or Surname Given Name (first and middle (if any) Allen P. Johnson Inventor's Signature Residence: City Lexington State KY Country Citizenship U.S. Mailing Address 1988 Blackhorse Lane Mailing Address City Lexington State KY Zip 40503 Country U.S.A. Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor Given Name (first and middle (if any) Family Name or Surname Christopher D Jones Date 3/24/04 inventor's Signature | State KY Citizenship U.S. Residence: City Georgetown Country Mailing Address 991 Crumbaugh Rd. Mailing Address City Georgetown State KY Zip 40324 Country U.S.A Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor Given Name (first and middle (if any) Family Name or Surname Inventor's Signature Date Residence: City State Country Citizenship Mailing Address Mailing Address Zip City State Country

# POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	
Filing Date	
First Named Inventor	Cyrus B. Clarke
Title Algorithms And Methods For Determ	ining Laser Beam Process Direction Position Errors From Data Stored On A Printhead
Art Unit	
Examiner Name	
Attorney Docket Number	2003-0844-02

I hereby appoint:	
X Practitioners associated with the Customer Number:	21972
OR	
Practitioner(s) named below:	
Name	Registration Number
as my/our attorney(s) or agent(s) to prosecute the application Trademark Office connected therewith.	n identified above, and to transact all business in the United States Patent and
Please recognize or change the correspondence address for	r the above-identified application to:
The address associated with the above-mentioned Cur	ustomer Number.
OR	
The address associated with Customer Number:	
OR .	
Firm or	
Individual Name	
Address Address	
City	State Zip
Country	Otale   Z-P
Telephone	Fax
I am the:	
$oxed{X}$ Applicant/Inventor.	
Assignee of record of the entire interest. See 37 CFF Statement under 37 CFR 3.73(b) is enclosed. (Form	R 3.71. m PTO/SB/96).
SIGNATURE of	f Applicant or Assignee of Record
Name Thomas A. Fields	
Signature Thomas A. Filos	
Date 3-24-2004	Telephone 859 - 232 - 5185
NOTE: Signatures of all the inventors or assignees of record of the ent forms if more than one signature is required, see below*.	ntire interest or their representative(s) are required. Submit multiple
X *Total of 4 forms are submitted.	

## POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number		The same of the sa
Filing Date		
First Named Inventor	Cyrus B. Clarke	
Title	See 1 in Addendum	•
Art Unit		
Examiner Name		
Attorney Docket Number	2003-0844.02	

I hereby appoint:					
X Practitioners associated with the Customer Number:	21972				
OR					
Practitioner(s) named below:					
Name	Registration Number				
as my/our attorney(s) or agent(s) to prosecute the application Trademark Office connected therewith.	identified above, and to transact all business in the United States Patent and				
Please recognize or change the correspondence address for	the above-identified application to:				
The address associated with the above-mentioned Cus	stomer Number.				
OR .					
The address associated with Customer Number:					
OR					
Firm or Individual Name					
Address .					
Address	7:-				
City Country	State Zip				
Telephone	Fax				
I am the:					
X Applicant/Inventor.					
Assignee of record of the entire interest. See 37 CFF Statement under 37 CFR 3.73(b) is enclosed. (Form					
SIGNATURE of	Applicant or Assignee of Record				
Name Cyrus B. Clarke					
Signature Cyrus B. Clarke					
Date // 3/24/04	Telephone 859-232-307/				
NOTE: Signatures of all the inventors or assignees of record of the ent- forms if more than one signature is required, see below*.	ire interest or their representative(s) are required. Submit multiple				
X *Total of4 forms are submitted.					

### POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	
Filing Date	
First Named Inventor	Cyrus B. Clarke
Title	See 1 in Addendum
Art Unit	
Examiner Name	
Attorney Docket Number	2003-0844.02

l herel	by appoint:		1				
X	Practitioners associated	with the Customer Number:		21972	2		
c	)R						
	Practitioner(s) named be	elow:					
		Name	· · · · · · · · · · · · · · · · · · ·		Registration N	umber	
	<u></u>						
				<u>-</u>			
	our attorney(s) or agent(s mark Office connected the	s) to prosecute the application erewith.	identified above,	and to tran	sact all business in	the United States Patent and	
Please	e recognize or change the	e correspondence address for	the above-identifi	ed applicati	ion to:		
	The address associated	with the above-mentioned Cus	stomer Number.				
0	R						
	The address associated	with Customer Number:			!		
	R Firm or	The second secon		A-14-Am			
	Individual Name						
	Address						
	Address City			State		Zip	
	Country			Otate		Cip	
	Telephone			Fax			
I am t	the:			<del></del>			
X	Applicant/Inventor.						
	Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).						
SIGNATURE of Applicant or Assignee of Record							
Name	Alien F. Johns	OH,					
Signat	apeu	Johnu			1 =		
Date		64	and the second s	gradus a subsequence on a second con-	Telephone	232-5125	
NOTE: forms if	NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.						
X	*Total of4	forms are submitted.					

### POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number		
Filing Date		
First Named Inventor	Cyrus B. Clarke	
Title	See 1 in Addendum	
Art Unit		
Examiner Name		
Attorney Docket Number	2003-0844.02	

I herel	by appoint:	•			· - · · ·		<del>"</del>
X	Practitioners associated v	with the Customer Number:		21972	:		
. 0	R					<u>.</u>	
	Practitioner(s) named be	low:					
		Name			Registration	Number	
			<del></del>			·· <del>·</del>	
	/our attorney(s) or agent(s mark Office connected the	) to prosecute the application erewith.	identified above,	and to trans	sact all business	in the United St	ates Patent and
Please	e recognize or change the	correspondence address for	the above-identifi	ed application	on to		
		with the above-mentioned Cus		оч арриочи	J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		
່ 。	R						
	The address associated	with Customer Number:					
_							
0	R						
	Firm or Individual Name						
	Address						
	Address						
	Country			State		Zip	
	Country Telephone	<u> </u>		Fax			
I am 1					<del></del>		
X	Applicant/Inventor.						
	Assignee of record of the	he entire interest. See 37 CFF	R 3.71.				
	Statement under 37 C	FR 3.73(b) is enclosed. (Form	n PTO/SB/96).				
		SIGNATURE of	Applicant or As	signee of f	Record		
Name	Circi Stophici D	Jones					
Signat		6. Jord			Talanhana	000	1 570/
Date	3/24/04	U		<u></u>	Telephone		2-5701
	Signatures of all the inventors more than one signature is re	s or assignees of record of the ent equired, see below*.	ire interest or their re	epresentative	(s) are required. S	ubmit multiple	·
X	*Total of 4	forms are submitted.			•		

## Addendum

Ι.	Algorithms And Methods For Determining Laser Beam Process Direction Position Er	TOTS
	From Data Stored On A Printhead	